

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

Fred R. Braverman, Esquire #013841980
106 Society Hill Boulevard
Cherry Hill, New Jersey 08003
(856) 424-2180
Attorney for Debtor(s) Lisa A. Krzywicki

In Re:

Lisa A. Krzywicki

Case No.: 20-18604-MBK

Chapter: 13

Adv. No.:

Hearing Date: 10/20/2020

Judge: Kaplan

CERTIFICATION OF SERVICE

1. I, Fred R. Braverman, Esquire :

☒ represent Debtor in this matter.

☐ am the secretary/paralegal for _____, who represents
_____ in this matter.

☐ am the _____ in this case and am representing myself.

2. On 09/30/2020, I sent a copy of the following pleadings and/or documents
to the parties listed in the chart below.

Notice of Motion to Reinstate Case, Debtor Certification in Support of Motion, Attorney's
Certification in Support of Motion & Proposed Order

3. I certify under penalty of perjury that the above documents were sent using the mode of service
indicated.

Date: 10/16/20

/s/Fred R. Braverman
Signature

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Lisa A. Krzywicki 112 Beechnut Court Lumberton, NJ 08048	Debtor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Albert Russo, Esquire Chapter 13 Trustee CN 4853 Trenton, NJ 08650-4853	Trustee	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input checked="" type="checkbox"/> Other <u>ECF</u> (As authorized by the Court or by rule. Cite the rule if applicable.)
Denise E. Carlon, Esquire KML Law Group, P.C. 701 Market Street Suite 5000 Phila, PA 19106	Creditor Attorney for Lakeview Loan Servicing, LLC	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input checked="" type="checkbox"/> Other <u>ECF</u> (As authorized by the Court or by rule. Cite the rule if applicable.)
LVNV Funding, LLC Resurgent Capital Services P.O. Box 10587 Greenville, SC 29603.0587	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Misland Credit Management, Inc. P.O. Box 2037 Warren, MI 48090	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Discover Bank Discover Products Inc. P.O. Box 3025 New Albany, OH 43054-3025	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Capital One Auto Finance, a division of Capital One P.O. Box 4360 Houston, TX 77210	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Comcast P.O. Box 1931 Burlingame, CA 94011	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Department Stores National Bank c/o Quantum3 Group, LLC P.O. Box 657 Kirkland, WA 98083-0657	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Portfolio Recovery Associates, LLC c/o Capital One Bank (USA), N.A. P.O. Box 41067 Norfolk, VA 23541	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Portfolio Recovery Associates, LLC c/o Walmart P.O. Box 41067 Norfolk, VA 23541	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Portfolio Recovery Associates, LLC c/o Mattress Firm P.O. Box 41067 Norfolk, VA 23541	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
M&T Bank P.O. Box 840 Buffalo, NY 142249-0840	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Anthony S. Poulin, Esq. Stephen Einstein & Assoc, PC 39 Broadway Suite 1250 New York, NY 10006	Attorney for Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Citi Bank PO Box 6500 Sioux Falls, SD 57117	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Comenity Bank - Boscov's Bankruptcy Dept. PO Box 182125 Columbus, OH 43218-2125	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Pressler, Felt & Warshaw, LLP 7 Entin Road 2nd Floor Parsippany, NJ 07054-5020	Attorney for Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Second Round Sub, LLC 4150 Friedrich Lane Austin, TX 78704-1955	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
TD Bank 32 Chestnut Street Lewiston, ME 04240-7765	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Webank 215 South State Street Suite 800 Salt Lake City, UT 84111	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
SYNCB Bankruptcy Dept. PO Box 965060 Orlando, FL 32896-5060	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
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